

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>1-24-03</u>		2 Serial/Patent # <u>09/446783</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input type="checkbox"/>	Filing		\$							
<input type="checkbox"/>	Amendment		\$							
<input type="checkbox"/>	Extension of Time		\$							
<input type="checkbox"/>	Notice of Appeal/Appeal		\$							
<input checked="" type="checkbox"/>	Petition		\$ 1330							
<input type="checkbox"/>	Issue		\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$							
<input type="checkbox"/>	Maintenance		\$							
<input type="checkbox"/>	Assignment		\$							
<input type="checkbox"/>	Other		\$							
		7 TOTAL AMOUNT OF REFUND								
		\$ 1330								
		8 TO BE REFUNDED BY:								
		<input type="checkbox"/> Treasury Check								
		<input checked="" type="checkbox"/> Credit Deposit A/C #:								
		9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">8</td> <td style="width: 20px; text-align: center;">7</td> <td style="width: 20px; text-align: center;">2</td> </tr> </table>		5	0	--	0	8	7	2
5	0	--	0	8	7	2				
10 REASON:										
<input type="checkbox"/>	Overpayment									
<input type="checkbox"/>	Duplicate Payment									
<input checked="" type="checkbox"/>	No Fee Due (Explanation):									
<p><i>Improper petition under 1.78(a)(3)</i></p>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>F Hicks</u>		TITLE: <u>Pets Eng</u>								
SIGNATURE: <u>[Signature]</u>		PHONE: <u>305-8680</u>								
OFFICE: <u>4750</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>[Signature]</u>		DATE: <u>1/28/04</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**